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OVARIOTOMY DURING PREGNANCY—A CASE WITH REMARKS.*

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On the 10th November, 1884, by the advice of my friend, Dr. Dugdale, of this city, I was consulted in the case of a lady, æt. 37, the subject of an abdominal tumor. She had been married 18 or 20 years and was the mother of two children, one a grown-up daughter, born a year after marriage; the other 11 years of age. A few months after the birth of the last child she began to suffer from cough, hæmoptysis, pain in the chest, dyspnœa, emaciation, and all the other evidences, general and local, of phthisis. The physical signs existed mainly in the right lung, in the apex of which a cavity was diagnosed. So serious were the symptoms at one time, that it was thought by her medical advisers that she had but a few months to live. She however rallied, and although never long free from cough and expectoration, her general condition became much better and she had for

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several years lived in tolerable comfort. To this result the preparation known as Hydroleine had seemed to contribute very much. Between three and four years previous to my seeing the lady, a tumor, diagnosed as ovarian, had developed, and when I saw her the abdomen was enlarged thereby equal to pregnancy of six months. All the evidences of cystic ovarian tumor were present, but as it had grown none for a year or two, was not painful, did not seem to be markedly affecting her general health, and as a portion of the tumor occupied the pelvis where it might be adherent, seriously complicating ovariotomy in a delicate woman, I advised non-interference until some indication for prompt action arose. My advice was followed. I did not again see her till early in May, 1886. I then learnt that the lung symptoms had been alternately somewhat active and quiet, the tumor remaining stationary till March, 1886, when it began rapidly to increase in size; menstruation, which had hitherto been quite regular, ceased on 16th February, after a natural flow. There had been nausea and some vomiting. The large increase of the tumor had produced much dyspnœa and pain in the right side of the chest. On some nights the patient had been unable to lie, from difficult breathing. I found her emaciated

and slightly livid from impeded breathing. The breast signs were doubtful, but on examination the vagina was purple in color, and both it and the cervix were markedly softened. Enlargement of the uterine body, commensurate with the probable duration of pregnancy, was tolerably well made out. That part of the tumor which occupied the pelvis, at the examination eighteen months previously, had disappeared upwards. The patient believed that she was pregnant, and so did her physician. I could only agree. She was watched for a fortnight or more. Her sufferings decidedly increased, and it became apparent that prompt action was necessary. Both patient and her husband (a non-practising physician), urgently desiring the operation. After gentle purgation and dieting for two days, on the 29th May the operation of ovariotomy was done at the home of the lady, Drs. Roddick and Bell assisting. Ether was the anæsthetic used, not however without some misgiving as to its possible effect on the lung conditions. The operation was simple and easy — a unilocular cyst of the right ovary, with favorable pedicle and no adhesions. On getting into the belly, it was interesting to note the contrast between the dark red fundus of the womb, as it lay behind the pubes, with the pearl-colored tumor above it.

The after-course of the case was easy and uninterrupted to recovery; no sickness and very little pain; the cough, necessary to get up the expectoration, being the only distressing symptom. The wound healed without a fraction of a drop of pus, either at the line of union or stitch-holes. She was kept in bed four weeks to allow of the cicatrix becoming firm under the strain of the developing uterus. After three months' absence in Europe, I called on her in October and found pregnancy advancing, but the enlarging uterus causing considerable distress in breathing. She was confined by her physician at full term on the 26th November, three days less than six months after the date of operation. Labor terminated naturally after six hours. It was followed by alarming hemorrhage, which led to fainting and syncope. It was controlled by ice. The child, a fine healthy boy, weighed nearly ten pounds. She made an excellent recovery, suffering from nothing of any moment, except weakness from loss of blood.

The complication of ovarian tumor with pregnancy is one which must always justify much anxiety. This is greatly increased if, as in the case just related, there be a further complication with grave lung disease. The effect of pregnancy on a previously existing ovarian tumor is as a rule

to stimulate it to rapid growth, with the obvious result of serious encroachment on adjacent viscera. The condition of the lung in this case greatly increased the patient's sufferings. The remarkable fact that this was first pregnancy after nearly twelve years, must be noted. Notwithstanding the fact that there are now on record a number of cases of successful ovariotomy during pregnancy, obstetrical authorities and the general profession are not in perfect accord as to the proper course to pursue in these trying circumstances. It is quite true that women have in rare instances borne several children safely at full term, while suffering from ovarian tumor, but these are few when compared with the many fatal cases of premature and full time labor to be found recorded in the annals of the subject. During labor the tumor may burst, or its pedicle be twisted, or it may suffer such injury from pressure that it suppurates, with almost invariably fatal results in each case. The only thing to give the patient a chance under these conditions, must be immediate operation to remove the tumor, under very unfavorable circumstances. When during labor the tumor suffers no injury, the puerperium is often influenced very unfavorably. If the patient survive, the tumor must be dealt with sooner or later

to save her life. The size of the tumor does not much influence the result. A large tumor which has of course become abdominal, together with the gravid uterus produces dangerous pressure on adjacent viscera of abdomen and thorax ; while on the other hand a small tumor, probably occupying the pelvis, is more liable to such injury as shall lead to rupture or suppuration with consequent peritonitis.

Isolated cases of fatal, supposed puerperal septicæmia or inflammation from this cause are certainly much more common than is generally supposed. A paper by Dr. Grigg on some cases of this kind, read before the British Gynæcological Society last June, is of great interest in reference to this subject. It was a record of five fatal cases, the whole mortality at the Queen Charlotte's Lying-in Hospital, London, during nine months. A careful autopsy was made in each case, and the result showed that in four, diseased conditions of the uterine appendages were present and more than enough to cause death, and which, had they not been fully investigated, would have been put down in the category of puerperal septicæmia. Two of the four were small ovarian cysts ; one of them suppurating. A third was abscess of the left ovary and pyosalpinx.

The alternative to ovariotomy for relief from a large ovarian tumor is tapping, and it is still urged by the more conservative of the profession. It can do good only in unilocular cyst. It is attended by many dangers. It is not a radical cure and may be only temporary in its results, for the cyst may rapidly refill, and in any case sooner or later the radical ovariotomy must be done.

The induction of abortion or premature labor cannot be recommended as it has been shown as the result of experience, to be by no means free from danger to the mother, while the child must usually be sacrificed, and yet, as a result of conversation with my professional brothers, it seems to be the course which is most likely to suggest itself. I believe I am justified in saying that, in the complication of ovarian tumor with pregnancy, when the case is diagnosed before labor begins (for which, however, there is not always the opportunity), the rule is to be laid down, to promptly remove the tumor, and the earlier this is done, the better are the chances for both mother and child. It may be further added that serious organic lung disease does not of necessity complicate the operation or render ether as the anæsthetic more dangerous.